Form **990-T**Department of the Treasury

Internal Revenue Service

Exempt Organization Business Income Tax Return

urn	OMB No. 1545-0687						
	7000						

1989

		Name of organization		A Employer identification nun (employees' trust, see instructi	nber ion for Block A)
P	ease rint or rpe	Number and street (or P.O. box if mail is not delivered to street address) City or town, state, and ZIP code		B Enter unrelated business ac from the last page of the inst	tivity codes ructions
E	Check	box if address changed ▶ □ D Exempt untype of organization ▶ □ Corporation exemption number (see instructions for Block F) ▶	der section ►	501() () OR Section 401(a) trust	▶
-			ge 1 and Part II	I on page 2, and sign the return. Co	mplete
	all a	ne unrelated trade or business gross income is \$10,000 or less, complete only parapplicable parts of the form (except lines 1 through 4 on page 1) if unrelated trace			
ncome	1 2	Unrelated trade or business gross income (state sources ▶ Deductions (including net operating loss) (complete Parts I and II ins gross income is over \$10,000)	tead of lines	1, 2, 3, and 4 if	
Taxable Income	3 4 5	Unrelated business taxable income before specific deduction (line 1 le Specific deduction (see instructions)	from line 33.		
Tax Computation		Organizations Taxable as Corporations (see Instructions for Controlled group members (sections 1561 and 1563)—Check here: Enter your share of the \$50,000 and \$25,000 taxable income bracket amount (i) \(\) \(or tax compu and: ts (in that order	utation)	
— 	8	Trusts Taxable at Trust Rates (see Instructions for tax Income tax on the amount on line 5	computatio	n)	
Total Income Tax	b c d 10 11 12 13a 14 15 b c d e f 16 17 18 19	Tax due—If the total of lines 14 and 17 is larger than line 16, enter al Overpayment—If line 16 is larger than the total of lines 14 and 17, e	9b 9c tax 15a 15b 15c 15d s) 15e 15f f Form 2220 i mount owed	10 11 12 13c 14 14 15 16 18 sattached 17 18 byerpaid 19	
Ple: Sigi Her	ase 1	Enter the amount of line 19 you want: Credited to 1990 estimated tax ► Under penalties of perjury, I declare that I have examined this return, including accomp belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is Signature of officer Date	anying schedules a based on all inform	and statements, and to the best of my k	nowledge and edge.
	arer's Only	Preparer's signature Firm's name (or yours, if self-employed) and address		Check if self-employed Preparer's soc	ial security no.

	M. Haraleted Trade or Pusings Income			0-								
	Unrelated Trade or Business Income	1 4 - 1										
1a	Gross receipts or sales, b Less returns and allowances, c Balance ▶	1c 2										
2	Cost of goods sold and/or operations (Schedule A, line 7)	3										
3	Gross profit (fine 10 less line 2)											
4a	AL											
b	A											
С	F											
5	income (loss) from partnerships (attach statement)											
6	Rent income (Schedule C)											
7	Unrelated debt-financed income (Schedule E, line 2)											
8												
9	Interest, annuities, royalties, and rents from controlled organizations (Schedule G) $\ldots \ldots \ldots$	10										
10	Exploited exempt activity income (Schedule H)	11										
11	Advertising income (Schedule I, Part III–A)	12										
12 13	Other income (see instructions for line 12—attach schedule)	13										
	Deductions Not Taken Elsewhere (See Instructions for limitations on deductions.)	120										
ı aı	(Except for contributions, deductions must be directly connected with the unrelated bu	siness income	e.)									
1.4		14										
14	Compensation of officers, directors, and trustees (Schedule J)	15										
15	Salaries and wages	16										
16 17	Bad debts (see instructions).	17										
18	Interest (attach schedule)	18										
19	Taxes	19										
20	Contributions (see instructions)	20										
21	Depreciation (attach Form 4562)											
22	Less depreciation claimed in Schedule A and elsewhere on return	22b										
23	Depletion	23										
24a	Contributions to deferred compensation plans (see instructions)	24a										
b	Employee benefit programs (see instructions)	24b										
25	Other deductions (attach schedule)	25										
26	TOTAL DEDUCTIONS (add lines 14 through 25)	26										
27	Unrelated business taxable income before allowable advertising loss (subtract line 26 from line 13)	27										
28	Advertising loss (Schedule I, Part III-B)	28										
29	Unrelated business taxable income before net operating loss deduction (subtract line 28 from line 27) .	29										
30	Net operating loss deduction (see instructions)	30										
31	Unrelated business taxable income before specific deduction (subtract line 30 from line 29)	31										
32	Specific deduction (see instructions for line 4 of page 1)	32										
33	Unrelated business taxable income (subtract line 32 from line 31. If line 32 is greater than line 31, enter											
<u></u>	the lesser of zero or line 31.) Enter here and on page 1, line 5	33										
	ind of inventory valuation (specify) ▶											
		6										
1 2	Inventory at beginning of year . Purchases											
3	Cost of labor	<i>\(\(\(\(\) \)</i>	ł									
-	Additional section 263A costs here and on line 2, Part I.)	7										
⊣ a	(attach schedule) 4a 8 Do the rules of section 263A (with		Yes	No								
b	Other costs (attach schedule) . 4b property produced or acquired for res			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
5	TOTAL—Add lines 1 through 4b . 5 the organization?											
Par	Statements Regarding Certain Activities and Other Information											
1	At any time during the tax year, did the organization have an interest in or a signature or other authority over a financial account in a fore	ign country (such	Yes	No								
	as a bank account, securities account, or other financial account)? (See page 11 of the Instructions for exceptions and filing requirements in											
	22.1.) If "Yes," write in the name of the foreign country ▶		///////									
2	Was the organization the grantor of, or transferor to, a foreign trust that existed during the current tax yea	r, whether or	<i>\\\\\\</i>									
	not the organization had any beneficial interest in it?		,,,,,,,,,	mmm								
	If "Yes," the organization may have to file Forms 3520, 3520-A, or 926.		<i>\\\\\\</i>									
3	Enter the amount of tax-exempt interest received or accrued during the tax year		<i>\\\\\\\</i>									

			<u> </u>		2 Pon	nt received					
	1. Descripti	on of p	roperty			ccrued		3. Percentage of refor personal prope			
									9		
									9 9 9 9		
					-				9		
4. Complete for any item if the rent is	the entry in column 3 is no based on profit or incom		an 50%, or	5. Complete for any item	if the entry in colu	mn 3 is more th	an 10% bu	t not more	than 50%		
(a) Deductions directly con- nected (attach schedule)	(b) Income (column 2 minus	ncludil		(a) Gross income reportable (column 2 × column 3)		irectly connected ty (attach schedu			dible (column olumn 5(b))		
Add columns 4(b)	and 5(c) and ente	r tota	al here and	on line 6, Part I, page	2						
SCHEDULE E-UNF											
				2. Gross income from	3. Dedi	uctions directly to debt-fir	connected nanced prop	with or allo perty	cable		
· · · · · · · · · · · · · · · · · · ·	n of debt-financed prope	rty		or allocable to debt- financed property		ine depreciatio schedule)		(b) Other deductions (attach schedule)			
1											
							-				
4. Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Percentage which col.				7. Gross income reportable (column 2 × column 6)	8. Allocab (column 6 × 3(a) a	s incl	9. Net income (loss) includible (column 7 minus column 8)				
			%					_			
			% %								
			%								
2 Total (enter here and 3 Total dividends-received)											
SCHEDULE F—IN (se	VESTMENT IN e Instructions for						ORGAN	IIZATIO	NC		
1. Description		2. Amount			4. Net investment income (column 2 minus column 3)	3. Set	-asides schedule)	6. Balance of inves ment income (colur 4 minus column 5			
		<u> </u>									
Tabal /autou bous a	ad an line O. Dard I		2)		 						
Total (enter here a				C AND DENTS EDO	M CONTRO		A NI 7 A 1	TIONS			
	Instructions for Pa			S, AND KENTSTRO	INI CONTINO	LLLD ONG	INITIZA	110113			
				3. Deductions of con-		4. Exempt con	trolled orga	nızations			
Name and address of controlled organization(s)		2. Gross income from controlled organization(s)		trolling organization directly connected with column 2 income (attach schedule)	(a) Unrelated pute business taxable empt income or the		Taxable inc ted as thoug pt under se he amount whichever i	gh not ex- c. 501(a), ın col. (a),	(c) Percentage which col. (a) is of col. (b)		
									9		
									9		
5. Nonexempt controlled organizatio (a) Excess taxable income amount in column (whichever is more		or (c) Percentage which col. (a) is of col. (b)		6. Gross income reportable (column 2 × column 4(c) or column 5(c))	(column	7. Allowable deductions (column 3 × column 4(c) or column 5(c))			8. Net income includible (column 6 minus column 7)		
			% %								

SCHEDULE H—EX				T ACTIVIT	Y II	NCOME,	OTHE	R THA	N ADVI	ERTI	SING IN	СОМ	E	
Description of exploited activity 2. Gross unrelated bus income from trade or business.		iross I business e from	3. Expenses directly connected with production of unrelated		fro trac (col	Net income im unrelated de or business lumn 2 minus column 3)	S is not unrelat		that attributable		7. Excess ex expenses (co 6 minus colu but not more column 4	olumn mn 5, e than	8. Net income includible (column 4 minus column 7)	
T 1 1 / 1 1	.1 11	10.0		0)					<u> </u>					
Total (enter here SCHEDULE I—AD						FRTISIN						 a 11)		
Part I Income From								J (366	mstructi	0113 10	11 alt 1, 1111	<u> </u>		
1 Name of periodical		2. Gross		3. Direct advertising costs	3. Direct advertising		4. Advertising gain or loss (col. 2 minus col. 3). If col. 2 exceeds col. 3, compute cols. 5, 6, and 7. If col. 3 exceeds col. 2, enter loss in Part III–B, col.(b).		5. Circulation income		6. Readership costs		7. If col. 5 exceeds col. 6, enter in Part III-A col. (b) the gain from col. 4. If col. 6 exceeds col. 5, enter in Part III-A col. (b) the gain from subtracting col. 6 plus col. 3 from col. 5 plus col. 2. For a loss, see the Instructions for line 11 item 2(c).	
Total														
Part II Income From	m Perio	dicals Re	poi	rted on a Se	par	ate Basis				T		Τ		
												İ		
								,						
Part III-A Advertis	ing Inco	me				Part III-I	Adv	ertisir	ng Loss					
(a) Enter "consolidated per names of nonconsolidated p		column 4	or 7	otal amount from , Part I, and amouls. 4 and 7, Part I	unts				eriodical'' or periodicals		4, Part I,	and an	ount from column rounts listed in , Part II	
Enter total here and or Part I, page 2						Enter to Part II, p	age 2							
SCHEDULE J—CO	MPEN	SATION	OF	OFFICER	5, I	JIRECTO	K5, A	או טא						
1. Name					2. Title			3. Percent of time devoted to business				n attributable I business		
										%				
W										% ~				
										% %				
		· · · · · · · · · · · · · · · · · · ·				3013				~				
										%				
Total (enter here	and on li	ne 14, Pai	rt II,	page 2).										